



## Recovery Audit Pre-payment Demonstration

# Frequently Asked Questions

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### **General Questions:**

**Can the Centers for Medicare and Medicaid Services (CMS) please clarify how the Medicare Administrative Contractor (MAC) and Fiscal Intermediary (FI) Transitions will impact the start date of the demonstration within their jurisdiction, if at all?**

- CMS will address the MAC transitions individually. Current transitions involve Michigan, Louisiana and Texas. Michigan and Louisiana will not be impacted by the transition. Implementation will be delayed in Texas until after the transition.

**How will the provider be notified of favorable appeals?**

- CMS understands that providers do not receive a favorable appeal decision in writing. CMS is considering how this could be modified for the prepayment demonstration.

**Will the Additional Documentation Requests be directed to the Recovery Audit Coordinator if they are sent from the MAC/FI?**

- CMS believes the medical record requests will be accessible electronically by providers. It is a business decision for providers as to who has access to the system, though access may need to be requested through the MAC/FI. While the MAC/FIs can provide more detail, it is CMS' understanding that the medical record request can be seen on the last page/screen in the Direct Data Entry (DDE) system.

**When does the clock start for the 45 day review timeframe; the day the record is received or the following day?**

- The period of time available for the Recovery Auditor to review the record and render a decision begins on the day the additional documentation is received.

**If the Recovery Auditor determines the beneficiary should have been cared for as an outpatient, what inpatient charges may be rebilled?**

- Providers can re-bill for Inpatient Part B services, also known as ancillary services, as listed in the Benefit Policy Manual. That list can be found in Ch. 6, Section 10: <http://www.cms.hhs.gov/manuals/Downloads/bp102c06.pdf>. Rebilling will only be permitted if claim processing rules and claim timeliness rules are met. Normal timely filing rules can be found in the Claims Processing Manual, Chapter 1, Section 70: <http://www.cms.hhs.gov/manuals/downloads/clm104c01.pdf>.





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### **Providers need a way to distinguish between Recovery Auditor and Medicare Administrative Contractor (MAC) Additional Documentation Requests (ADRs).**

- At this time the only way to differentiate between the Recovery Auditor and MAC requests will be the address as to where the records are going to be sent. CMS is considering other alternatives.

### **Will providers receiving periodic interim payments (PIP) be subject to review?**

- Yes, providers receiving PIP payments may be subject to Recovery Audit Pre-payment review.

### **Will a provider physically located in an impacted state with a MAC in another state/jurisdiction be included in the demonstration?**

- No. At this time the demonstration impacts providers physically located in the eleven impacted states serviced by the MAC for that region. Providers serviced by another MAC will not be included at this time.